

How to Conduct a Change Cycle!

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Reduce Waiting & No-Shows • Increase Admissions & Continuation



Conducting a Walk-Through

- Staff members experience the treatment processes just as a customer does. The goal is to see the agency from the customer's perspective. Taking this perspective of treatment services—from the first call for help, to the intake process—and through final discharge is the most useful way to understand how the customer feels, and to discover how to make improvements that will serve the customer better.



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The Change Team

- A Change Team is a small group of employees appointed by the CEO to identify business process barriers and determine and implement rapid-cycle changes designed to improve the process. The role of the Change Team in a human services agency is to coordinate and initiate improvement efforts to their organization's access and retention systems.



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PDSA Cycle is ...

- Quick, effective way to make changes addressing issues you have identified within your agency



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Five Steps to conducting a change cycle:

What are we trying to accomplish with the PDSA?

- How will we know if the change is an improvement?
- What changes can we test that will result in an improvement?



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PLAN

Identify the objective of the change cycle and predict which results will make the change a real improvement?



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Do the PLAN

- Experimentation
- Try the change for a short period of time and in a limited area.
- Document any problems and any unexpected observations.
- Analyze the data that you are collecting on the change cycle.



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Study the results:

- Complete the analysis of the data
- Compare your predicted results with your actual results
- Summarize what you have learned
- Discuss what worked well and did not
- Did it result in an improvement? Why or why not?



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Act on the new knowledge

- Review results.
- Should the change cycle be adapted, adopted, or abandoned?
- What would be the next cycle?

Repeat!



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PORT PDSA



- July 2004 – Fifty employees from Pitt County Mental Health become PORT Human Services, Inc.
- The Methadone Program serving 200 clients is moved to a new facility.



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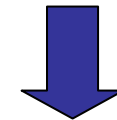
Methadone Access



October 2003
Methadone Waiting List
20-30



Decrease time between
first contact and
admissions



April 2004 Waiting List
is GONE



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Problem #1: Bottlenecks

Old Process:

6 steps

- ✓ Call Pitt Center and receive telephone screen and get on staffing list
- ✓ Staffing assigned clinician for assessment
- ✓ Get appointment for assessment
- ✓ Get assessment
- ✓ See physician
- ✓ Dosing

New Process:

3 Steps

- ✓ Call and Screen
- ✓ Assess and See Physician
- ✓ Dosing and Staffing



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Problem #2: The Revolving Door

Old Policies/Procedures

Three requirements to remain in the methadone program:

- ✓ Clean urines
- ✓ Treatment attendance
- ✓ Fee payment.

Failing to adhere resulted in 30 contract and then possible expulsion.

New Policies/Procedures:

Urine screens used to develop client-focused treatment plan and determine dosing level.

Transportation arranged for group attendance.

\$5 Fee per dose.



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How did we get there?

Small Changes...Big Results

- Increase physician access hours
- Allow single clinician to determine eligibility
- Asked clients about barriers to treatment success



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How to Measure the Impact of Change

- 1.) Define your measures
- 2.) Collect baseline data
- 3.) Establish a clear aim
- 4.) Consistently collect data
- 5.) Chart your progress



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